

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011536

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 4237

Registrar's No. 149

FILED MAR 27 1962

VS 300
Rev. 4/59

1 7003

2 70032

3

4 0

5 1

6

7 0

8 2

9 191.9

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **RAYTOWN**

Length of stay in 1b
3 MONTHS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **7209 RAYTOWN ROAD**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** COUNTY **JACKSON**

c. CITY OR TOWN **RAYTOWN**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7209 RAYTOWN ROAD

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

ALBERT

R

NORTON

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/28/86

9. AGE (last birthday)

-73 75

IF UNDER 1 YEAR

Months Days Hours

IF UNDER 24 HR

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TIMEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY

KANSAS CITY STRUCTURAL STEEL

11. BIRTHPLACE (City and state or country)

KANSAS CITY, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

WALTER R. NORTON

13b. MOTHER'S MAIDEN NAME

MARY L. RANKIN

14. NAME OF HUSBAND OR WIFE

MRS. EDNA E. NORTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes WORLD WAR I

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

EDNA E. NORTON

**7209 RAYTOWN ROAD
RAYTOWN, MISSOURI**

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

18 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Basal Cell Carcinoma

DUE TO (c)

3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **November, 1961** to **March 29, 1962** and last saw him alive on **3-10-62**

Death occurred at **5:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. M. Maub Jr. MD.

22b. ADDRESS

14112007 E. 47th KC. MO.

22c. DATE SIGNED

3/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MAR. 22, '62

23c. NAME OF CEMETERY OR CREMATORY

FLORAL HILLS CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

1351 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

3-22-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 29 1962

MAR 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No. *4813*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. James M. Mack Jr.
1289 7 Street 47 St. Louis - Blue Waterbury Cemetery
11:00-12:00 100-6:00